

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90169 033 ***150.00

DOCUMENT # 344793 ✓

1. Entity Name
 Lake Easy / Lakeview Apts.

Principal Place of Business LAKE EASY / LAKEVIEW APTS
Mailing Address 1800 S. Highland Park Dr
 Lake Wales, FL 33853

2. Principal Place of Business 1800 S. Highland Park Dr.
 Suite, Apt. #, etc.

3. Mailing Address ~~1800 S. Highland Park Dr.~~ Same
 Suite, Apt. #, etc. ~~P.O. BOX 158~~
 City & State ~~BABSON PARK, FL.~~
 Zip ~~33853~~ Country ~~FL~~

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DOLORES VOGEL Barbara S. Hicks
 P.O. BOX 158 1800 S. Highland Park Dr
 BABSON PARK, FL 33853

7. Name and Address of New Registered Agent
 Name DOLORES VOGEL
 Street Address (P.O. Box Number is Not Acceptable) 2234 SR 17
 City Babson Park FL Zip Code 33827

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Barbara S. Hicks Apr. 6, 2000
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DOLORES VOGEL 2234 SR 17 BABSON PARK, FL 33827	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS-SEC. BARBARA HICKS 454 BETHANY DR MECHANICSBURG, PA 17055	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST SECRETARY BLANCHE ROGERS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara S. Hicks Barbara S. Hicks April 6, 2000 717-766-7379
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)